



12-18-03

1762

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/825,087
	Filing Date	April 2, 2001
	First Named Inventor	Cem Basceri
	Group Art Unit	1762
	Examiner Name	B. Talbot
Total Number of Pages in This Submission		Attorney Docket Number MI22-1483

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): Return Postcard A \$110.00 check
Remarks Customer No. 021567 The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. Section 1.16 and Section 1.17 and credit any overpayments to account no. 23-0925.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	James E. Lake Reg. No. 44,854; Wells St. John P.S.
Signature	
Date	16 Dec 2002

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>		
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PTO/SB/17 (12/99)
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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**110.00**

Complete if Known

Application Number **09/825,087**
Filing Date **April 2, 2001**
First Named Inventor **Cem Basceri**
Examiner Name **B. Talbot**
Group / Art Unit **1762**
Attorney Docket No. **MI22-1483**

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **23-0925**

Deposit Account Name **Wells St. John P.S.**

☒ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	690	201	345	Utility filing fee	0.00
106	310	206	155	Design filing fee	
107	480	207	240	Plant filing fee	
108	690	208	345	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$)**0.00**

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
36	-20** = -3	X	= 0
6	-3** = -1	X	= 0
Multiple Dependent			= 0

**or number previously paid, if greater; For Reissues, see below

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	78	202	39	Independent claims in excess of 3
104	260	204	130	Multiple dependent claim, if not paid
109	78	209	39	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**0.00**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	0.00
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	0.00
139	130	139	130	Non-English specification	0.00
147	2,520	147	2,520	For filing a request for reexamination	0.00
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	0.00
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	0.00
115	110	215	55	Extension for reply within first month	110.00
116	380	216	190	Extension for reply within second month	0.00
117	870	217	435	Extension for reply within third month	0.00
118	1,360	218	680	Extension for reply within fourth month	0.00
128	1,850	228	925	Extension for reply within fifth month	0.00
119	300	219	150	Notice of Appeal	0.00
120	300	220	150	Filing a brief in support of an appeal	0.00
121	260	221	130	Request for oral hearing	0.00
138	1,510	138	1,510	Petition to institute a public use proceeding	0.00
140	110	240	55	Petition to revive - unavoidable	0.00
141	1,210	241	605	Petition to revive - unintentional	0.00
142	1,210	242	605	Utility issue fee (or reissue)	0.00
143	430	243	215	Design issue fee	0.00
144	580	244	290	Plant issue fee	0.00
122	130	122	130	Petitions to the Commissioner	0.00
123	50	123	50	Petitions related to provisional applications	0.00
126	240	126	240	Submission of Information Disclosure Stmt	0.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	0.00
146	690	246	345	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149	690	249	345	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
Other fee (specify)					0.00
Other fee (specify)					0.00

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**110.00**

SUBMITTED BY

Name (Print/Type) **James E. Lake**

Signature

Registration No.
(Attorney/Agent)

44,854

Complete (if applicable)

Telephone

US-509-624-4276

Date

16 Dec 2002

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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